

Mendocino County

CHILDREN AND FAMILIES FIRST COMMISSION

Strategic Plan

July 2000 – June 2003

*All Mendocino County children will be born healthy,
thrive in a supportive, healthy, nurturing
and loving environment,
enter school eager to learn,
and become capable, contributing
members of our community.*

TABLE OF CONTENTS

	Page
Executive Summary	3
Mendocino County Profile	11
Proposition 10 State Implementation	20
Commission Development	22
The Strategic Planning Process	24
Community Assessment	27
A Community-based Approach	34
Definition of Terms	36
Program Objectives	37
Results Accountability	50
Resource Allocation	51

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Special thanks to those community members who participated in and facilitated the local forums, those who responded to the written survey, and those who offered their thoughts and comments on the earlier drafts of this plan. We look forward to your continuing involvement with the evolving strategic plan and all the Commission's work.

Executive Summary

Proposition 10, *The California Children and Families Act* (the Act), passed by voters in 1998, increased the tax on cigarettes by \$.50 per pack. Eighty percent (80%) of these revenues are to be distributed to the 58 individual California counties annually to benefit children aged zero to five years old. The remaining 20% will support statewide programs and research.

Mendocino County will receive approximately \$1,025,000.00 per year in revenue from the Proposition 10 funds, according to current calculations, although this figure will decrease in the coming years. In compliance with the requirements of the Act, the County Board of Supervisors appointed a Commission to provide oversight for this funding source. It is the charge of the Mendocino County Children and Families First Commission (the Commission) to develop a strategic plan for disseminating the Proposition 10 funds in a manner that will benefit children, prenatal to five years old, and their families in Mendocino County.

Our Mission

The mission of the Mendocino County Children and Families First Commission is to promote, support and improve the health and development of children, prenatal to five years of age. This mission shall be accomplished by establishing a strategic community plan, distributing Proposition 10 funding, and assessing the efficacy of funded programs.

The Commission shall establish, institute, coordinate, and support appropriate standards, resources, and integrated and comprehensive services that emphasize families, community awareness, education, nurturing, child care, social service, wellness, and research.

Community Forums and Surveys

Very early in the planning process, the Commission made a commitment to address the diversity found in the individual regions in Mendocino County. The strategic plan in Mendocino County would thus honor our rich cultural heritage and address the unique needs of rural, often remote, communities. The Commission developed a community Asset Map that identified the existing programs and services available in the county. This document examined the county as a whole and also broke the county into geographic regions and categorized available services by region.

Commission members conducted community forums in Fort Bragg, Ukiah, Willits, Point Arena and Covelo and disseminated a survey regarding the needs of young children and families in Mendocino County. As they listened to the input of community members and service agency representatives, and reviewed the information that they had gathered, the Commissioners developed an even richer understanding of the current status of children and families in Mendocino County.

A Community-based Approach

While many of the same issues and concerns were raised in each community forum, the Commissioners also saw that there are disparities in the availability of specific services from region to region. Some differences also emerged as to what issues are most important to individual communities.

It is the intent of the Commission to create a “consumer-oriented” service delivery system that is reflective of cultural preferences and values. The Commission also recognizes the need to build infrastructure that unites local services and enhances partnerships. The Commission developed a regional approach for its strategic plan that is responsive to the voices of individual communities. The plan also includes countywide strategies to build the community’s overall capacity to respond to the needs of Mendocino’s youngest children and their families.

There are four focus areas addressed in the plan: Parent Education and Support Services; Child Care and Early Childhood Development; Health and Wellness; and Policy and Advocacy for Children and Family Issues. For each focus area the Commission adopted a strategic action, an intended result, and a set of objectives and strategies. Some of the objectives and strategies will be implemented to address universal (countywide) priorities, while others will be pertinent to individual

regions and communities (community-based). The Executive Summary includes only the objective statements that the Commission has developed. For a more complete description, please refer to the complete strategic plan.

Program Objectives

Parent Education and Support Services

1. Increase the availability of parent and caregiver education that fosters nurturing, healthy, safe and loving environments for children.
2. Increase parents' skills to better meet the physiological and psychological needs of their children.
3. Support approaches for parents to care for their own children in their own homes.

Child Care and Early Childhood Development

1. Improve the quality of child care by increasing the number of licensed child care providers, increasing the number of accredited child care programs, increasing the number of child care providers that conduct self-assessments, reducing the staff/child ratio, and reducing group size.
2. Increase the number of child care providers who assess and provide for the ongoing social, emotional, intellectual, and physical development of children.
3. Increase the number of licensed bilingual and bicultural child care providers for the Native American and Latino populations in Mendocino County.
4. Increase the accessibility and number of quality child care providers in all geographic areas of Mendocino County for infants/toddlers, preschool-age children, school-age children, children with special needs, children in foster care, special populations, and do so during traditional as well as non-traditional hours.
5. Support approaches that integrate and streamline local child care services.

Health and Wellness

1. Increase the number of families with health services providers, ensuring each child a medical home (a consistent place where a family can seek medical care).
2. Increase the number of programs that support the development of children in safe and healthy environments. These programs should include prevention of childhood diseases, and injuries and abuse caused by alcohol, tobacco and other drugs, domestic violence and other high-risk behaviors.
3. Increase the number of programs that connect and provide families with comprehensive health services and improve family access to healthcare, including early prenatal care, dental care, and mental health services.
4. Improve access to services for children with developmental disabilities and serious emotional disturbance.
5. Increase the services available to promote the health and safety of children in child care settings.

Policy and Advocacy for Children and Family Issues

1. Increase countywide capacity to provide a wide range of services and support systems for parents and families with children, prenatal to age five, regardless of geographic, cultural, linguistic, social or financial barriers.
2. Advocate for policies and procedures that enhance the well-being of children and improve the self-sufficiency of families.
3. Advocate for the affordability of quality child care for parents at all income levels such that child care costs do not exceed 15% of the sustainable wage, and child care services are provided without charge to families without a sustainable income.
4. Advocate for sustainable wages for all entry level child care providers, comparable salaries based on educational level, increased benefits, improved working conditions, and compensation for continuing education.
5. Advocate for policies that provide flexible employment arrangements for parents.

6. Advocate for increased funding levels for child care programs.

Results Based Accountability

Each proposed *action* identified in the strategic plan has a corresponding *result*, or positive outcome, expected from implementing the action. Achieving these results will admittedly take time; so it is all the more critical to set up a comprehensive process by which we can measure both the capacity to provide effective services and long-term child and family results.

The Commission will develop protocols for collecting, reporting, and disseminating data that correspond with the results accountability framework.

Resource Allocation Overview

Mendocino County's anticipated annual revenue from *Proposition 10* funds will be approximately \$1,025,000.00. The budget reflects the Commission's intent to maximize these resources and to allocate the greatest amount possible to directly support children and family development programs and services in Mendocino County.

The Commission proposes to allocate funds to six geographically defined regions. It is anticipated that coalitions/associations of child serving organizations in each of the six regions may come together to submit a plan to expend their regional allocation.

Each region will be required to maximize the services necessary to improve the health, well-being and readiness for school for children 0-5 and their families living in the area. Proposals will be required to demonstrate collaboration, building on existing resources, leveraging of funds, non-duplication/non-supplanting and building capacity. Technical assistance will be available to assist in developing plans.

Resource Allocation

1. Regional Initiatives for Children and Families	\$ 700,000	68%
2. Policy Development and Advocacy	\$ 31,000	3%
3. Children's Endowment Fund	\$ 50,000	5%
4. Commission's Initiative Fund	\$ 50,000	5%
5. Administrative Costs	\$ 144,000	14%
6. Program Implementation and Evaluation	\$ 50,000	5%

1. Regional Initiatives for Children and Families: The Commission has defined the allocation of resources for programs and services on a regional basis. A base allocation of fifty thousand dollars has been “earmarked” for each of the six regions that have been identified in the plan. For each region, there is an additional allocation that is based upon the number of children in the target population (zero to five years old) residing in the region. These funds will be allocated as follows:

Region	Percent of 0 – 5 Population	Amount Based on population	Base Amount	Total Allocation	% of Regional Budget
Inland North	19%	\$76,000	\$50,000	\$126,000	12.3%
Inland Northeast	3%	\$12,000	\$50,000	\$62,000	6%
Inland Central	51%	\$204,000	\$50,000	\$254,000	25%
Inland South	4%	\$16,000	\$50,000	\$66,000	6.2%
Coastal North	19%	\$76,000	\$50,000	\$126,000	12.3%
Coastal South	4%	\$16,000	\$50,000	\$66,000	6.2%
Total All Regions				\$700,000	68%

2. Policy Development and Advocacy for Children: These resources will provide support for strategies identified under the policy and advocacy objectives.

3. Children's Endowment Fund: The Commission recognizes that the amount of funds generated by *Proposition 10* will diminish over time, based on the projection of decreased smoking rates in California. Therefore, a portion of funds will be allocated annually to a sustaining endowment that will build a continued revenue source, over time, to serve the ongoing needs of Mendocino County's youngest

children. These funds will be invested and managed to provide a sustainable resource for years to come.

4. Commission's Initiative Fund: This fund will serve as a resource for special one-time projects that the Commission may identify or toward services/initiatives that will have a county-wide impact. This fund may be utilized to assist with larger infrastructure costs such as vans, buildings, or training or used for the purpose of leveraging other resources.

5. Administrative: These funds are for staff and operational costs of the Commission.

6. Program Implementation and Evaluation: These funds will be used to develop a timely and coordinated system for data collection, review and dissemination of data that will assist the Commission to evaluate the rate of progress of toward the strategic results outlined in the plan. Measurement will include the effectiveness of individual programs and services and the processes within which the Commission and its grantees meet identified community needs. Evaluation expenditures will include purchase of software and other tools for data collection and the costs associated with assisting grantees to comply with evaluation standards set by the Commission.

A Guide for the Future

The Mendocino County Children and Families First Commission Strategic Plan, 2000 – 2003, is a ***guide*** for improving the status of Mendocino County's youngest children. It is a valuable tool; yet, the Commission recognizes that this is a working document – one that will need continued review, evaluation and updating. Adopting a three-year plan will enable the Commission to consider projects with scopes of work that are longer than one year; however, the plan will be reviewed annually to ensure that the Commission remains a dynamic organization, ready and able to address changing needs and new opportunities.

Public Review

The Commission's work thus far, based upon significant community input, resulted in this draft strategic plan. In order to ensure that the community had the further opportunity to comment on the plan for Prop 10 funding in Mendocino County, the

final draft was disseminated to the public on June 13, 2000 and a public forum was conducted on June 21, 2000.

Following review and further community input, the Commission presented the strategic plan to the Mendocino County Board of Supervisors on June 27, 2000, and adopted the plan on Wednesday, June 28, 2000. The Commission submitted the strategic plan to the California Children and Families Commission on July 24, 2000.

Mendocino County Profile

Geography

Mendocino County is located in the north coastal region of the state, approximately 100 miles north of the San Francisco Bay Area. The county is bordered by Humboldt, Trinity, Lake, and Sonoma Counties and, to the west, by 129 miles of rugged Pacific coastline. Mendocino County is the 15th largest county in California, with 3,510 square miles of land area. The Coastal Mountain Range, a formidable geographic barrier, divides the coastal and interior regions of the county.

Mendocino County's interior, on the eastern side of the Coastal Mountain Range, consists of a series of deep valleys running north and south. Two thirds of the County's population lives in the central interior region that stretches along 40 miles of U.S. Highway 101 from Hopland in the south, through Ukiah, the seat of county government, to Willits in the north. The small unincorporated towns of Laytonville, Leggett, and Piercy are also located along Highway 101.

Approximately one-third of the population lives west of the mountains, along the picturesque Mendocino Coast Highway, between Gualala in the south and Westport in the north. The largest community and business center in the coastal area is Fort Bragg, which is one and one-half hours from Ukiah, along a narrow mountain road. While living along the Mendocino coast may be an attractive alternative to urban life, the depressed economy forces many residents to commute long distances for work, school, and services and often to work below their skill and salary potential.

Population

According to U. S. Census figures, Mendocino County had a population of 80,345 in 1990, ranking it 37th in population among California's 58 counties. According to census data, the population of Mendocino County increased by 20% between 1980 and 1990. Later projections by the California Department of Finance estimated the population at 86,938 in 1998, indicating a slower growth trend of 8% between 1990 and 1998. The 1990 Census data has been used for this plan due to its greater degree of accuracy across all of the regions in the county. These estimates will be revised once the data from the 2000 Census is available.

Mendocino County's population is predominantly Caucasian. The largest minority group is Latino, consisting primarily of Mexican-Americans. Many residents speak Spanish; bilingualism and biculturalism have an important role in the makeup of the population. There is a significant Native American population within the county who live on rancherias or reservations. According to the Northern Circle Indian Housing Authority, there are ten federally recognized Native American tribes in Mendocino County.

Projections for the year 2000 show the changing demographics of the county population. In 1996, an estimated 12.5% of county residents were Latino, and that number is expected to increase to 15%. The Native American population, which increased only 3% to 4% between 1980 and 1990, is expected to grow to 6% of the population. At the same time, projections estimate the percentage of Caucasian residents will decrease from 90% in 1990 to 78%.

The County Automated Vital Statistics System provides information on race/ethnicity of all births to county residents:

- From 1990-1997, the percent of births to Latina residents increased from 18% to 30%
- From 1990-1997, the percent of births to Native American residents increased from 5.5% to 7.3%
- From 1990-1997, the percent of births to Caucasian residents decreased from 73.4% to 60.7%

The median age in Mendocino County is 37, which is higher than the State (31.5) and the Nation (32.8). According to estimates from the California Department of Finance, in 1996, children (0-17 years old) comprised 26.4% of the County's total population. Thirty-six percent of the County's children (6,841) were zero to five years of age.

Socio-Economic Environment

The last decade has seen a decline in the timber and fishing industries, which traditionally have provided employment for the county's blue-collar work force. As a result, Mendocino County has experienced high unemployment and increasing numbers of individuals and families requiring public assistance. In 1996, an

estimated 22.4% of the County's population was on public assistance (AFDC, Medi-Cal, County Medical Services Program, Food Stamps, and General Assistance), up from 17.6% in 1994.

The economic downturn in the early 1990s hit the youth of Mendocino County particularly hard. The two historical mainstays of the County's economy, timber and fishing, have declined over the past decade or longer, greatly affecting family incomes. According to the 1990 census, 24.9% of Mendocino County children, ages zero to four, live in poverty, compared to 19% statewide. Children, ages five to seventeen, with a poverty rate of 19.7%, fare slightly better than their younger counterparts but still exceed the statewide rate of 18%.

In the 1990 census, 14.2% of households in Mendocino County lived in poverty, with a median family income of \$31,276 compared to \$40,559 statewide. By 1995, the gap had widened; the median family income in Mendocino County was \$34,500, compared to \$46,595 in California.

Family economic stress is frequently associated with family dysfunction. For example, in 1994, 3,161 reports for suspected child abuse or neglect were filed to the Mendocino Department of Social Services on behalf of children under 20 years of age (*A Status Report on Children and Youth in Mendocino County*, MCDSS, June 1996). This number was up 16% from the prior year.

Geographic Regions

Reports on health status, community assets or needs in Mendocino County are often separated into six distinct geographic regions. Each region is unique, not only geographically, but also by population make-up, economic factors, level of services, and community strengths.

The geographic regions within Mendocino County are generally separated from each other by mountain ranges and rivers and contain populations that have specific characteristics. The following paragraphs provide a brief overview of each of the regions. Population data presented here is from 1990 census results. The County population has increased approximately 5% since the 1990 census and there is no reason to expect there is a shift in the overall population of any of the individual regions. It is expected that year 2000 census figures will show

population increases in each region that are in keeping with the 5% overall rate. However, 1997 birth statistics showed changes in the ethnic demographics countywide, with variations regionally. These variations are indicated in the regional descriptions below.

1. Inland Mendocino County, North

Percent of county population	Percent of county 0-5 population	Percent of population below poverty level
20%	19%	19%

Willits is located 25 miles north of Ukiah on Highway 101, at the southern edge of the “Redwood Empire.” The smaller, isolated communities of Laytonville, Leggett and Piercy are also along the highway. The area has been economically depressed for several years due to the decline of the timber industry. Approximately 20% of the county’s population live in this area. This population is approximately 85% Caucasian, 8% Latino, and 3% Native American. There are two federally recognized tribes in the region: the Cahto Tribe of Laytonville and the Sherwood Valley Band of Pomo Indians. Native Americans living on rancherias receive limited services through their tribal governments.

Birth statistics draw a changing picture of ethnicity in the region. In 1997, Native American births accounted for 8.5% of babies born in the region and Latino births accounted for 10.8%. This shows that there is now a higher percentage of Native American and Latino children than is reflected in 1990 census data.

The average median income for working families in the region is \$26,113, while total per capita income varies from \$8,977 - \$11,464 around the region. It is estimated that 19% of the population lives below the poverty level.

2. Inland Mendocino County, Northeast

Percent of county population	Percent of county 0-5 population	Percent of population below poverty level
3%	3%	26%

This region is the most isolated in Mendocino County. Round Valley is approximately 25 miles east of Highway 101 on a winding road along the Eel River. It is about two hours away from Ukiah. Residents receive a few services in Covelo, located in the center of Round Valley, however the primary service hub is in Willits, a one-hour drive away.

Approximately 3% of the County population lives in the region according to the 1990 census (2,196 people). The population in the region is 61% Caucasian and 31% Native American. However, birth statistics show a larger percentage (37.8%) of infants being born to Native American residents. The Round Valley Indian Tribes, with over 600 members from six different tribal groups, occupy a reservation with more than 3,000 acres.

This region is the most severely depressed in the County with almost 26% of the region's population living below poverty level, compared to 14.2% countywide. Forty-one percent of families with children are below poverty level.

3. Inland Mendocino County, Central

Percent of county population	Percent of county 0-5 population	Percent of population below poverty level
46%	51%	13%

The most populous area in the county, this region includes Ukiah, the county seat, as well as the communities of Hopland, Potter Valley, Calpella, Redwood Valley, and Talmage. According to 1990 census data, 37,111 people live in the greater Ukiah area, or 46% of the total population of 80,345. The majority of the County's Native American population resides in this region.

Ukiah is the business and population center for the county. Hopland, a farming and agricultural area, is thirteen miles south of Ukiah. The small communities of

Redwood Valley and Potter Valley are each approximately twenty miles from Ukiah.

The 1990 population statistics for this region showed that the majority population was Caucasian (78%); the Latino population was the largest minority (12%). There is a significant Native American population (4%) in the region, primarily representative of the indigenous Pomo tribes. The six federally recognized tribes in the region include the Coyote Valley Reservation, Guidiville Pomo Indian Rancheria, Hopland Band of Pomo Indians, Potter Valley Rancheria, and Redwood Valley Little River Band of Pomo Indians. There is also one tribe not federally recognized in the region.

The minority populations in the region represent a disproportionate percent of those living below poverty level. While 10% of Caucasians live below poverty level, 26% of Latinos and 37.7% of Native Americans live below poverty. Region-wide, total per capita income is \$12,851, with the median income for working families at \$31,648. Thirteen percent (13%) of the region's population lives below poverty level, compared to 14.2% county wide, and 20% of families with children live in poverty.

4. *Inland Mendocino County, South*

Percent of county population	Percent of county 0-5 population	Percent of population below poverty level
3%	4%	20%

The Anderson Valley is approximately 25 miles west of Highway 101, via a winding road through the coastal mountains. The valley is twenty-seven miles long with the four small towns of Yorkville, Boonville, Navarro and Philo. Boonville is the largest community and has the most services available in the region.

According to 1990 census figures, 3% of Mendocino County's population lives in this region. Of the 2,415 people in the region in 1990, 61% were Caucasian and 29% were Latino. However, 56% of births in the region in 1997 were to Latino parents. There is no identified Native American population in the region.

Almost 20% of the region's population lives below poverty level, compared to 14.2% county-wide, while 22% of families live below poverty level. Median income for working families in the region is 30,816. Total per capita income is \$11,665.

5. Coastal Mendocino County, North

Percent of county population	Percent of county 0-5 population	Percent of population below poverty level
23%	19%	11%

Fort Bragg, the "urban center" for coastal Mendocino County, is the largest city in the area and the second largest in the County. This primarily rural region also consists of the communities of Westport, Comptche, Mendocino, Caspar, Albion, and Little River.

According to 1990 census figures, 18,286 people (23%) of the County population lives in the region. Of this number, in 1990, 80% were Caucasian, 6% Latino, and 2% of the region's population were Native American. Again, the changing demographics of the region can be seen in the 1997 birth statistics: in 1997, 4.2% of births were to Native Americans and 41.2% of births were to Latino residents.

The tourist economy has not replaced the dwindling resources of the timber and fishing industry in this region. More than 11% of the region's population lives below the poverty level and 14% of families with children live below poverty. The median income for families in the region is \$29,662, with total per capita income varying from \$13,725 in Fort Bragg to \$15,808 in Mendocino.

6. Coastal Mendocino County, South

Percent of county population	Percent of county 0-5 population	Percent of population below poverty level
6%	4%	15%

The South Coastal region of Mendocino County is isolated by its reliance on the incomparably beautiful, but slow and winding, coast Highway 1. The communities

of Elk, Manchester, Point Arena and Gualala are dotted along this route. The Point Arena/Gualala area is the center of the region, and is about 60 miles from Ukiah.

Only 6% of the County's population lives in this area, according to 1990 census data. The population is 80% Caucasian and 10% Latino and 5% Native American. The Manchester-Point Arena Rancheria is the only federally recognized tribe in the region, comprising 5% of the population. However, of 1997 birth rates, 38.6% were to Latino residents, reflecting the changing demographics in the region and countywide.

Almost 15% of the region's population lives below the poverty level, with 22% of families with children below poverty. The median income is 31,125 in the region and total per capita income in Pt. Arena is \$14,139.

Accessing Services

Often the largest obstacle to lower-income families accessing needed goods and services is the lack of available or reliable transportation. The rural terrain isolates communities; families often need to travel long distances on poor roads to work, school, child care, medical care, and even for groceries. A functioning automobile is imperative for many families to get to work, or even to get to a bus stop. According to the January 22, 1999 CalWORKs Implementation report, lack of adequate transportation created 45% of the "good cause deferrals" for people who would otherwise enter supportive training programs and the workforce entry program from March, 1998 through November, 1999.

Mendocino Transit Authority (MTA), the county's public transit system, provides bus service and "dial-a-ride" door-to-door transportation vans, as alternatives to car ownership in many areas. However, public transportation routes and schedules do not always allow for stops and pick-ups that are close to schools, daycare centers, and places of employment. Changes in work schedules, or a child who becomes ill while at day care, can cause real problems for those depending on bus systems. MTA has been working, with community input, on changing bus schedules to meet the needs of CalWORKs participants and is seeking funding to facilitate better service delivery in areas with limited or no access.

More extensive and continuous bus service exists in Ukiah and Fort Bragg. Pick up times vary from fifteen minutes to one hour in various areas. There is also round trip service between Ukiah and Fort Bragg once a day on weekdays.

Town-to-town bus service in less populated areas is more limited. Currently, many areas have once a day round trip service, which may or may not run on weekends. On the south coast, there are weekday routes to Fort Bragg and Ukiah. This service is too limited for families to get to work and child care. There are six round-trip routes from Willits to Ukiah, three from Redwood Valley to Ukiah, and one from Potter Valley to Ukiah. On the coast, there is no bus service north of Fort Bragg. With CalWORKs funding, bus service has been extended in the inland region of the north county, creating three daily round-trips between Laytonville and Willits; however, these services are temporary and will end without funding. There are no bus services north of Laytonville or in the northeast valley community of Covelo.

For families without the resources to afford a reliable vehicle, creative solutions such as carpooling and using MTA may be the only means available to reach employment, services and child care.

Proposition 10 – State Implementation

The California Children and Families Commission (State Commission) was formed shortly after California voters approved Proposition 10 in November of 1998 and the Legislature codified the Proposition as *The California Children and Families Act of 1998* (the Act).

Proposition 10 increased the tax on tobacco products by \$.50 per pack and an equivalent amount on other tobacco products. The Act also created a trust fund for revenues collected, of which, 80% are to be distributed to the 58 individual California Counties. The remaining 20% will support statewide programs and research.

Proposition 10 funds are to be used exclusively to promote, support, and improve the early development, of children from the prenatal stage to age five, through a comprehensive and integrated delivery system of information and services.

The California Children and Families Initiative (Proposition 10) is based on research stressing the importance of early physical, emotional and intellectual nurturing as the foundation for later development. Investing in our children during their earliest years, by providing their parents and caregivers the tools necessary to foster healthy, loving relationships, will not only prepare these children for academic success, it will positively impact the quality of their later lives. To this end, the Act identifies three focus areas for implementation:

1. Parent Education and Support Services
2. Child Care and Early Childhood Development
3. Health and Wellness

The California Children and Families Commission considers the following dimensions of child development to be important:

- Physical development: Meeting children's basic needs for protection, nutrition and health care.
- Cognitive development and social-emotional development: Meeting children's basic human needs for affection, security, social participation

and interaction with others, as well as educational needs through intellectual stimulation, exploration, imitation, trial and error, discovery, and active involvement in learning and experimentation within a safe and stimulating environment.

The State Commission identified three strategic results – or outcomes for improvement – that emanate directly from the Act:

1. Improved Family Functioning: Strong Families
2. Improved Child Development: Children Learning and Ready for School
3. Improved Child Health: Healthy Children

According to the Act, each California County Board of Supervisors must appoint a Children and Families First Commission to oversee planning and distribution of the Proposition 10 fund in its county. County Commissions receive revenues generated by the Prop 10 tobacco tax based upon the annual recorded births to county residents. It is expected that allocations will decrease over time, based on declining revenues generated from tobacco sales.

Each County Commission must develop a comprehensive strategic plan that outlines how the Commission will utilize the tax revenues generated by the tax. Health and Safety Code Section 130140 (1)(C)(ii) of the Act Requires County Commission strategic plans to include, at a minimum, the following components:

1. A description of the goals and objectives proposed to be attained;
2. A description of the programs of the programs, services and projects proposed to be provided, sponsored or facilitated;
3. A description of how measurable outcomes of such programs, services and projects will be determined by the County Commission using appropriate reliable indicators; and
4. A description of how programs, services, and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system.

Commission Development

On January 5, 1999 the Mendocino County Board of Supervisors adopted Ordinance number 4027 (Chapter 9 of the Mendocino County Code) establishing the Mendocino County Children and Families First Commission and Trust Fund (MCCFFC). The Supervisors then appointed nine volunteer members to the Commission. The Commissioners represent the areas of government, healthcare, public and behavioral health, social services, education, early childhood development and care.

Commission Members

David Colfax	Mendocino County Supervisor, 5 th District
Lura Damiano	Director, Special Programs, Fort Bragg Unified School District
Kristy Kelly	Director, Mendocino County Mental Health Department
Jeremy Mann, MD	Pediatrician, Ukiah Valley Primary Care Medical Group
Carol Mordhorst	Director, Mendocino County Department of Public Health
Coni Shepard	Director, Potter Valley Youth & Community Center
Betty Smith	Instructor, College of the Redwoods, Fort Bragg
Paul Tichinin	Superintendent, Mendocino County Office of Education
Gayle Zepeda	Administrator, Northern Circle Indian Housing Authority

The first group of appointed Commissioners will sit for one, two, or three year terms in order to rotate membership entrance and exit dates. Members will continue to be appointed by the Mendocino County Board of Supervisors, as Commissioner's complete their terms. Currently, the Commission Chairperson is Paul Tichinin. Carol Mordhorst, Jeremy Mann and Gayle Zepeda serve on the Executive Committee along with the Chairperson.

Meetings and Staffing

The Commission held its first meeting on May 17, 1999 and has met on at least a monthly basis since that date to establish a governance structure and to create a comprehensive strategic plan. During its early meetings, the Commission adopted bylaws and appointed the Mendocino County Child Care Planning Council as an advisory body. Additionally, the Commission adopted a budget for fiscal year 1999-2000.

The Mendocino County Department of Public Health provided a temporary coordinator until permanent staff was in place. In June 2000, the Commission hired an Executive Director.

All meetings of the Commission, including strategic planning sessions, are public and in compliance with the Brown Act. At each meeting, there is a short period designated for public input; also, to the greatest degree that is possible, the Commissioners have encouraged interested meeting attendees to participate throughout commission meetings.

Guiding Principles

The purpose of the Commission is to create and support a comprehensive system of information, programs, services, and support for children and their families. It is important that all families in Mendocino County have access to the services they need to prepare their children to enter school healthy and ready to learn. To this end, the Commission adopted the following *Guiding Principles*:

The Mendocino County Children and Families First Commission is committed to:

- Developing sustainable services for all children and their families through effective and innovative programs
- Honoring the ethnic, geographic and cultural diversity of our county
- Providing equal opportunities for all children and their families
- Employing an open process that maximizes community input and involvement
- Utilizing a cooperative process to coordinate and develop comprehensive services for children and their families

The Strategic Planning Process

With its *Guiding Principles* in mind, the Commission conducted a thorough assessment of the County's needs, resources and gaps in services. This baseline information provided the backbone of the strategic plan. The following sections detail the planning process, priorities and objectives adopted by the Commission, and processes by which the Commission will allocate and manage funds.

Initial Steps

It is the goal of the Mendocino County Children and Families First Commission to adopt, and then implement, a plan that reflects the unique needs of the geographically-separated and culturally-rich communities in the County. The Commission members dedicated themselves to developing the strategic plan in as timely and cost-effective a manner as possible in order to begin benefiting the community with the opportunities available through Prop 10 funding.

After establishing and organizing the Commission's functions, the Commission members undertook a strategic planning process to identify the diverse needs of children prenatal stage to five years old, and their parents, and to identify strategies to improve early childhood development throughout the County.

In October 1999, the Commission members adopted Mission and Vision statements and began working on their *Guiding Principles*. They also developed a strategic planning roadmap and adopted an ambitious timeline within which to complete the planning process. This process included creating an asset map of existing programs and services, identification of gaps and barriers that prevent families from accessing the services they need; prioritization of community needs; and identification of strategies to fulfill the Children and Families First Commission's vision, purpose and mission.

Planning Approach

Commission members took a hands-on approach to strategic planning by conducting open forums in five regions within the county. The Commission members also designed and disseminated a community assessment survey. Over five hundred parents, service providers and other community members completed and returned these surveys. This multiple approach gave the Commissioners a better vision of the diverse concerns of the people they represent.

Additionally, the Commission collected recent needs assessments and asset surveys completed by County departments and community based organizations. Recent data on child care, early childhood education, child health and wellness, and family support and education was compiled in a community asset report. This report, and the information gathered from the community forums and surveys provided a comprehensive picture of Mendocino County as it is today and aided the Commission in setting priorities for Prop 10 programs and services.

Technical Assistance

Following data collection, the Commission participated in a technical assistance program sponsored by the California Children and Families Commission and the California Center for Health Improvement. This program provided the Commission with facilitation and planning assistance to create the strategic plan. Participation in this grant-funded program was at no cost to the Commission.

The Commission met weekly during the months of April and May to complete the strategic planning process. At these meetings, the Commissioners identified priorities, strategies and possible actions to improve early childhood development services throughout the county.

The members of the Commission recognize that other county commissions have done significant work on their strategic plans. Several of these strategic plans were reviewed to assist the Mendocino County Commission in developing its plan. Some of the plans reviewed included: Santa Barbara County, Sonoma County, Humboldt County, Kern County and San Benito County. The Commission also utilized the California Commission's *Guidelines, Results Document* and *Draft Objectives and Priorities for Program Funding* as tools for creating strategies, indicators and results that would be in keeping with the intent of Proposition 10.

Public Review

The Commission's work resulted in the draft strategic plan presented here. In order to ensure that the community had further opportunity to comment on the plan for Prop 10 funding in Mendocino County, the final draft was disseminated to the public on June 12, 2000 and a public forum was conducted on June 21, 2000. In addition, Commissioners received comments via e-mail and telephone. Following review and community input, the Commission presented the strategic plan to the

Mendocino County Board of Supervisors on June 27, 2000, and adopted the plan on Wednesday, June 28, 2000. The Commission submitted the strategic plan to the California Children and Families Commission on July 24, 2000.

A Guide for the Future

The Mendocino County Children and Families First Commission Strategic Plan, 2000 – 2003, is a *guide* for improving the status of Mendocino County's youngest children. It is a valuable tool; yet, the Commission recognizes that **this is a working document** – one that will need continued review, evaluation and updating. Adopting a three-year plan will enable the Commission to consider projects with scopes of work that are longer than one year; however, the plan will be reviewed annually to ensure that the Commission remains a dynamic organization, ready and able to address changing needs and new opportunities.

Community Assessment

The Commission conducted an asset-based study, in order to determine the extent and scope of resources for Mendocino County's youngest children. Generally, asset-based planning encourages the development of targeted outreach to invite and support involvement from parents and other community members who may not otherwise participate in a more traditional planning process.

An asset-based approach is consistent with the intent of Proposition 10 to promote prevention strategies and support community building through civic participation; therefore, the Commission pursued this method as its primary data gathering strategy. An asset-based approach promotes knowledge of existing resources, providing insight about the availability, access and use of services. A need-based approach to community planning focuses on overcoming community problems, or intervening during times of crisis. According to the California Proposition 10 Commission, this deficit identification approach may serve to minimize focus on both prevention strategies and the use of existing assets that families have and communities are able to contribute.

The Commission contracted to the development of an "asset map" identifying public and private agencies that have a presence in the community and detailing the services these organizations provide. The Commissioners were interested in identifying possible opportunities for collaboration and maximizing resources in order to avoid duplicating services. The review of over forty documents resulted in one report, *Children and Families First Commission: Mapping Community Assets for Mendocino County Children, Age Zero to Five*.

In compiling relevant information for the asset document, four recent reports proved especially helpful. They are:

- *Mendocino County Maternal, Child and Adolescent Health Community Health Assessment and Five Year Health Plan for 2000 – 2004*, Mendocino County Department of Public Health (September, 1999).
- *Who is Caring for our Kids*, Mendocino Child Care Planning Council, Child Care Needs Assessment (March, 1999).

- *Community Assessment 2000 of Lake and Mendocino Counties*, NCO Head Start (1999).
- *Local Needs Assessments: Summaries of 25 Documents 1991 – 1997*, Mendocino Community Health Partnership (1997).

Community Forums and Surveys

Commission members conducted community forums in Fort Bragg, Ukiah, Willits, Point Arena and Covelo. At these forums, participants were able to express their concerns about Mendocino County's youngest children and to discuss the opportunities that Proposition 10 funding might provide in their communities. Additionally, forum participants had the opportunity to review the asset document and respond to a community survey. Over 500 surveys were filled out at the community forums or disseminated through area service providers. The results of these surveys are included in the asset map.

Community Assets and Gaps

The community asset report breaks the County into six specific geographic regions. The following section highlights the findings in each of these areas.

INLAND MENDOCINO COUNTY, NORTH

Willits, Branscomb, Laytonville, Leggett and Piercy

- There are an estimated 1,264 children in the region who are ages 0-5 (1,111 combined from the areas of Laytonville, Branscomb, Leggett, while 153 are from Piercy).
- Prenatal and postpartum care is available in Laytonville and Willits, but childbirth and delivery are not available. The nearest childbirth centers are Ukiah, Fort Bragg or Garberville (located 40 miles north of Laytonville in Humboldt County).
- Public Health's Women, Infant and Children's Program (WIC) intake is managed in Ukiah with monthly visits to Willits, Laytonville and Leggett for intake and distribution.
- The Long Valley Health Center in Laytonville and individual and group primary care physicians provide primary Health Care. Franklin Howard Memorial Hospital in Willits provides acute health care.
- Parenting support services are provided in Laytonville at the Healthy Start Center through the Department of Social Services and by Even Start in Willits and Laytonville.

- Child care capacity is estimated at 70% of demand: there are an estimated 688 children aged 0-5, needing child care and only an estimated 410 full or part-time placements available.
- Head Start operates in Willits; Early Head Start home-based services are available regionally and administered in Willits. A state pre-school is located in Willits.
- MTA provides transportation services to Willits and Laytonville.
- Community survey respondents cited parent education resources, affordable child care, and access to quality medical and dental care among their top concerns in the region.

INLAND MENDOCINO COUNTY, NORTHEAST

Dos Rios, Round Valley/Covelo

- There are an estimated 221 children in the region who are ages 0-5.
- Prenatal Care, childbirth and delivery, and acute medical care are not available in the region.
- WIC intake is managed in Ukiah, with monthly visits to Covelo for intake and distribution.
- Primary care is available through Round Valley Indian Health Center.
- There is limited parenting support available through Yuki Trails and the Indian Child Welfare program.
- A parent resource center just opened this year in Covelo.
- Estimated child care capacity is 36% of demand, with an estimated 156 children 0-5 needing child care and an estimated 56 full or part-time placements available.
- Head Start and Early Head Start programs are available, and there is a state preschool in Covelo.
- There is no public transportation available.
- Community survey respondents cited the need for parent education resources, educational opportunities for parents and caregivers and the need for information about alcohol and other drugs as top concerns. Respondents also noted safe and healthy environments, access to quality medical and dental care, and the opportunities for physical activity and recreation as needs in the community.

- Participants in the Covelo community forum identified the need for mental health services, teen pregnancy prevention, transportation, and environmental health concerns as priorities in the community.

INLAND MENDOCINO COUNTY, CENTRAL

Hopland, Potter Valley, Calpella, Redwood Valley, Ukiah, Talmage

- There are an estimated 3,481 children ages 0-5 in the region (Hopland 100; Potter Valley 208; Redwood Valley 516; Ukiah, Calpella and Talmage 2,657).
- Prenatal care is available in Ukiah through family practice and obstetrics physicians. The comprehensive Perinatal Services Program of the Ukiah Valley Medical Center provides perinatal support services. Childbirth and acute medical care are available at Ukiah Valley Medical Center.
- WIC intake is available through the WIC Office and Consolidated Tribal Health Project.
- Primary health care is available through pediatric and primary care physicians and clinics, Mendocino Community Health Clinic, and Consolidated Tribal Health Project.
- Estimated child care capacity is 65% of demand, with an estimated 1,657 children 0-5 needing child care and only an estimated 1,077 placements (full or part day) available.
- Head Start and Early Head Start are available. State preschools are located in Ukiah, Hopland, Calpella and Potter Valley.
- Community Survey respondents cited parent education and support services, information about alcohol and other drugs, resources for parents, affordable child care, infant care, and higher pay for child care workers as top needs. Access to quality medical and dental care and injury prevention were also noted as top needs by survey respondents.
- Among participants in the community forum in Ukiah, the importance of culturally and linguistically appropriate services emerged as a concern. These participants also noted parent education, parent support groups for special needs and single parent families as areas of concern.
- Parent education options exist at a variety of public and private settings in this region.

INLAND MENDOCINO COUNTY, SOUTH

Anderson Valley, Yorkville, Boonville, Navarro, Philo

- There are an estimated 250 children ages 0-5 in the region (Boonville 179; Philo 51; Yorkville 20)
- Prenatal care and childbirth/delivery are not available. The nearest services are in Fort Bragg and Ukiah.
- WIC intake is managed in Ukiah with monthly visits to Boonville for intake and distribution.
- Primary care is available at Anderson Valley Health Center. Acute medical care is not available.
- Parenting classes are available in Anderson Valley at the Even Start Family Literacy Program.
- Estimated child care capacity is at 30% of demand. It is estimated that 92 children 0-5 need child care and there are only an estimated 28 placements available, full or part day.
- Head Start is not available; Early Head Start reaches Boonville and Philo. There is a state pre-school in Boonville.
- Transportation in the region is limited.
- Transportation, training for child care workers and parents, and access to quality medical and dental care emerged as top concerns among community survey participants.

COASTAL MENDOCINO COUNTY, NORTH

Westport, Fort Bragg, Comptche, Mendocino, Caspar, Albion, Little River

- There are an estimated 1,289 children ages 0-5 in the region (Albion 82; Caspar 52; Comptche 49; Fort Bragg 968; Little River 42; Mendocino 96).
- Prenatal care is available in Fort Bragg and Mendocino. Childbirth and delivery and acute medical care are available at Mendocino Coast District Hospital in Fort Bragg. Primary health care is available through group and individual primary care physicians and at the Mendocino Coast Clinics.
- WIC intake and distribution is available in Fort Bragg.
- Parenting classes are available in Fort Bragg through Court Appointed Special Advocates (CASA), the Community Center, Project Sanctuary, and Safe Passage.

- Child care capacity is estimated at 84% of demand, with an estimated 565 children 0-5 needing child care and an estimated 442 full or part day placements available; recently some of these child care placements have been lost.
- Head Start is available in Fort Bragg, but there is no Early Head Start program in the region. State pre-school is available in Fort Bragg.
- Respondents to the community survey noted the need for parent education resources, information about child abuse and neglect, higher pay for child care workers (to improve retention), and affordable child care as their top concerns. Respondents also cited access to quality medical and dental care as a top concern.
- Community forum participants noted concern about the availability of respectful, culturally and linguistically appropriate services.

COASTAL MENDOCINO COUNTY, SOUTH
Elk, Manchester, Point Arena, Gualala

- There are an estimated 257 children ages 0-5 in the region (Elk 11; Gualala 103; Manchester 23; Point Arena 120).
- Prenatal care is available through Redwood Coast medical Services in Gualala and a family practitioner in Point Arena. Childbirth and acute care services are not available; residents travel to Ukiah, Fort Bragg or Sonoma County.
- WIC is managed in Fort Bragg, with monthly visits to Point Arena and Gualala for intake and distribution.
- Primary health care is provided by individual physicians and at Redwood Coast Medical Services. Sonoma County Indian Health provides primary care to residents of Manchester Point Arena Reservation.
- Parenting classes are available through Rural Health Outreach Project and Mendocino County Youth Project.
- Estimated child care capacity is 32% of demand, with an estimated 160 children 0-5 needing child care and only an estimated 51 placement (full or part-day) available.
- Head Start is not available. North Coast Opportunities obtained Early Head Start funding but has been unable to implement the services due to trained teacher shortages. There is not presently a state pre-school, but one is planned in Point Arena.

- Top concerns noted by community survey respondents included transportation, higher pay for child care workers, affordable child care and access to quality medical and dental care services.

A Community-Based Approach

Very early in the planning process, the Commission made a commitment to address the diversity found in the individual regions in Mendocino County. The strategic plan in Mendocino County would reflect the Commission's *Guiding Principles*. The plan would honor our rich cultural heritage and address the unique needs of rural, often remote, communities.

As they listened to the input of community members and service agency representatives, and reviewed the information that they had gathered, the Commissioners developed a clearer understanding of the current status of children and families in Mendocino County. Many of the same issues and concerns were raised in each community forum. Yet, the Commissioners also saw that there are disparities in the availability of specific services from region to region and that there are also some differences in the issues that emerged as important to the members of individual communities.

It is the intent of the Commission to create a “consumer-oriented” service delivery system that is reflective of cultural preferences and values. The Commission also recognizes the need to build infrastructure that unites services and enhances partnerships.

The Commission developed a regional approach for its strategic plan that is responsive to the voices of individual communities. Funding strategies will reflect this regional approach. Each of the six regions identified in the plan will receive a base allotment of funds and an additional amount determined by the number of children in the region who are ages 0-5. The plan also includes countywide strategies to develop support systems for building capacity to be responsive to the needs of Mendocino's youngest children and their families.

There are four focus areas addressed in the plan. The Commission adopted a strategic action for each focus area:

1. Parent Education and Support

- Action: The Mendocino County Children and Families First Commission will support community-based resources that provide culturally-appropriate parent education and support services for families. Programs will be within communities in which the families live; focus on prevention and early intervention strategies; combine outreach with on-going care; link families with providers; and coordinate resources to improve physical, social and emotional health of children prenatal to five years old.

2. Child Care and Early Childhood Development

- Action: The Mendocino County Children and Families First Commission will support child care and child development resources within communities that promote quality child care and link families with other child and family services to improve children's school-readiness.

3. Health and Wellness

- Action: The Mendocino County Children and Families First Commission will support health and wellness resources within communities that: combine health outreach with on-going care; focus on prevention and early intervention strategies; link families with providers; and coordinate health resources to improve the physical and emotional health of children prenatal to five years old.

4. Policy and Advocacy for Children and Family Issues

- Action: The Mendocino County Children and Families First Commission will advocate for comprehensive child development and education policies that: promote safe and healthy environments; support integrated, family centered, health services; and provide quality child care opportunities for children, prenatal to five years old.

The Commission developed objectives and strategies that are based on the four action statements. Some of the objectives and strategies – presented in the following section of the plan – will be implemented to address universal (countywide) priorities, while others will be pertinent to individual regions and communities (community-based).

Definition of Terms

Many terms are presented in this plan. The following definitions may be useful to readers:

Objective: a description of the desired change that is measurable and achieves the intended result.

Result: defines the broad and long-term improvements desired for the population of children prenatal to five years old and their families.

Short-term indicator: performance measures that indicate how well program service delivery is working (e.g., number of pregnant women attending prenatal classes with information about smoking, substance abuse, and nutrition).

Long-term indicator: a benchmark, or measure, for which data is available, which helps quantify the achievement of the result (e.g., decreased percent of low birth weight babies).

Healthy children: children who are well nourished, rested, safe from preventable injuries and illnesses, free from the effects of abuse, neglect, substance abuse and environmental toxins, and demonstrate developmental growth and function within normal ranges. This condition is a result of thorough medical and dental treatment, beginning with the prenatal care received by their mothers.

Children ready for school/Ready to learn: children who possess developmentally appropriate social, emotional, behavioral, intellectual and physical skills in order to be able to interact with their peers and adults and can adapt to the school experience.

Parent: anyone who carries responsibility for raising a child, including biological parent, stepparent, adoptive parent, foster parent, relative (e.g., grandparent), a sibling, extended family member, expectant father, pregnant mother, domestic partner.

Community: broadly defined as a geographic location where people live, hold common interests and recognize common boundaries.

Medical Home: place where the child is known and receives quality and consistent health care.

Program Objectives

The strategic plan is an outline of objectives and strategies for addressing each of the action areas and intended results identified during the Commission's planning process. The strategies represent the types of programs that the Commission will support with Proposition 10 funding; however proposals and programs are not limited to this list of implementation strategies.

The Commission will fund programs through a request for proposal process. It is the Commission's intent to consider proposals that demonstrate innovation and ability to provide services and that fall within the intent of the Act and the Commission's *Guiding Principles*. As the Commission is limited by the amount of Proposition 10 tax funds that are available, it will support programs that do not supplant existing funds or duplicate available services.

Not all of the objectives and strategies listed will be consistent with the needs of each region. Communities will need to address how they will improve the health and well-being of children and families over three to five years. They may work on only a few of the "groundwork" or basic service needs in the first few years, as the community builds capacity to address its larger issues.

The Commission recognizes that there will be both overlaps and gaps in the design and delivery of services. The Commission also recognizes that there will be new strategies needed to address problems in the coming years. The Commission will address these issues to the best of its ability and look to future opportunities to revise the plan when necessary.

PARENT EDUCATION AND SUPPORT SERVICES

ACTION: The Mendocino County Children and Families First Commission will support community-based resources that provide culturally-competent parent education and support services for families. Programs will: be located within communities in which the families live; focus on prevention and early intervention strategies; combine outreach with on-going care; link families with providers; and coordinate resources to improve physical, social and emotional health of children prenatal to five years old.

RESULT: Community-based parent education and support systems will effectively assist parents and primary caregivers to foster, nurture, educate and provide safe and loving environments for children.

Objectives

1. Increase the availability of parent and caregiver education that fosters nurturing, healthy, safe and loving environments for children.
2. Increase parents' skills to better meet the physiological and psychological needs of their children.
3. Support approaches for parents to care for their own children in their own homes.

Strategies

- A. Identify and implement parent education curricula that apply appropriately to diverse populations.
- B. Identify and implement curricula that are (age/lifestyle/issue) appropriate for both parents and children, including programs directed to the needs of foster parents, fathers, and grandparents.
- C. Identify and implement curricula that are based on current research and methodology for teaching parenting skills including, early childhood

development, nutrition, special needs, child safety, tobacco, alcohol and other drug abuse, violence prevention, stress reduction, and prenatal health.

- D. Develop bilingual, bicultural parent support groups.
- E. Provide logistical support efforts to ensure that parents are able to participate in educational programs (e.g., quality on-site child care, transportation).
- F. Provide a parent support program in all communities with over 500 people.
- G. Utilize school sites and other existing community centers for parenting programs.
- H. Improve and enhance family resource referral methods.
- I. Strengthen the network of parenting support services.
- J. Provide parent support services such as hot lines, warm lines and discussion groups.
- K. Support the use of the internet to increase access to services.
- L. Educate parents regarding the indicators of quality child care and health care.
- M. Educate parents regarding the availability of a variety of resources, including child care providers, child care resources for foster families and other available services.

Short-term Indicators

Increase in the number of parent education and support programs

Increase in the number of culturally-competent parent education programs

Increase the capacity of community resource centers to provide parent support services

Increase in the number of on-going participants in parent education and support programs

Long-term Indicators

Reduction in the number of referrals to Child Protective Services (CPS)
for abuse or neglect

Increase in the adult literacy rates

Increase in the rates of women receiving pre-natal and perinatal care

Increase in the number of children ready to learn

CHILD CARE AND EARLY CHILDHOOD DEVELOPMENT

ACTION: The Mendocino County Children and Families First Commission will support child care and child development resources within communities that promote quality child care and link families with other child and family services to improve school-readiness for children.

RESULT: All children will have quality home, child care and pre-school environments that promote learning and readiness for school.

Objectives

1. Improve the quality of child care by increasing the number of licensed child care providers, increasing the number of accredited child care programs, increasing the number of child care providers that conduct self-assessments, reducing the staff/child ratio, and reducing group size.
2. Increase the number of child care providers who assess and provide for the ongoing social, emotional, intellectual, and physical development of children.
3. Increase the number of licensed bilingual and bicultural child care providers for the Native American and Latino populations in Mendocino County.
4. Increase the accessibility and number of quality child care providers in all geographic areas of Mendocino County for infants/toddlers, preschool-age children, school-age children, children with special needs, children in foster care, special populations, and do so during traditional as well as non-traditional hours.
5. Support approaches that integrate and streamline local child care services.

Strategies

- A. Support strategies to increase accreditation (such as providing financial incentives), assessment of child care programs, licensure minimums regarding entry level education, continuing education requirements for child care providers, and for strategies to decrease staff/child ratio and group size in licensed child care environments.
- B. Increase training, technical assistance and continuing education opportunities for new and on-going child care providers throughout Mendocino County, particularly for outlying areas and for services to children with special needs.
- C. Support prevention and education for parents and child care providers to address child abuse and neglect.
- D. Collaborate with the Latino and Native American communities and tribal governments to identify resources to provide cultural competency, assessments and training for all child care providers.
- E. Support a centralized registry of qualified child care substitutes.
- F. Support child care programs that include parent involvement.
- G. Explore alternatives for families such as endowments, scholarship funds, etc.

Short-term Indicators

Increase in the number of subsidized child care placements

Increase in the number of child care and preschool programs

Increase in the number of children enrolled in accredited child care/preschool programs

Increase in the number of providers participating in continuing education programs

Increase in the number of trained/licensed providers

Increase in the number of programs providing culturally-competent child services

Increase in the retention rates of quality child care staff

Increase in the incentives for employers to support child care

Long-term Indicators

Decrease in the numbers of health and safety complaints to the Department of
Social Services

Increase in the number of playgrounds available

Increase in the rates of children ready-to-learn

Increase in the number of children able to read by grade 3

HEALTH AND WELLNESS

ACTION: The Mendocino County Children and Families First Commission will support health and wellness resources within communities. The Commission will focus on those approaches that combine health outreach with on-going care, focus on prevention and early intervention strategies, link families with providers, and coordinate health resources to improve the physical and emotional health of children prenatal to five years old.

RESULT: Parents and primary caregivers will have access to the resources and services needed to bring healthy babies into the world and provide them with nurturing, safe and healthy environments.

Objectives

1. Increase the number of families with health services providers, ensuring each child a medical home (a consistent place where a family can seek medical care).
2. Increase the number of programs that support the development of children in safe and healthy environments. These programs should include prevention of childhood diseases, injuries, and abuse caused by alcohol, tobacco and other drugs, domestic violence and other high risk behaviors.
3. Increase the number of programs that provide families with comprehensive services and improve family access to healthcare, including early prenatal care, dental care, mental health services, and injury prevention.
4. Improve access to services for children with developmental disabilities and serious emotional disturbance.
5. Increase the services available to promote the health and safety of children in child care settings.

Strategies

- A. Support home visiting programs that can improve family linkages with health care and other service providers and provide home visits to every new mother.
- B. Support immunization programs, health events and health care programs that connect and provide families with comprehensive health services.
- C. Support early screening and development programs to identify children with special needs.
- D. Develop wraparound approaches to healthcare that include resource and referral to early prenatal care, dental care, safety and prevention programs, medical care and mental health services.
- E. Support the development of training opportunities for health professionals to understand family-centered approaches to health care.
- F. Increase the number of health paraprofessionals who are from the communities they serve.
- G. Partner with college and adult education programs to train paraprofessionals to become family health workers.
- H. Develop programs to make counselors available to staff parent hot lines and warm lines.
- I. Utilize EPSDT to develop funding for early assessment and treatment for mental health problems.
- J. Increase the access and availability of injury prevention services (e.g., poison-prevention, low-cost car seats, etc.).
- K. Develop a pool of funds for people in need of direct services who do not have third party coverage.

- L. Support the development of training and capacity-building for local service-providers.
- M. Develop or increase child care providers' access to child care health consultants in areas such as mental health, public health/environmental health, child health and dental health.
- N. Provide health and safety training, including pediatric first aid and CPR, for parents, child care providers, and other community members.

Short-term Indicators

Increase in the number of programs within the county providing health services to children
Increase in capacity to provide perinatal services, immunizations, mental health screenings
Increase in the number of culturally-competent service providers
Increase in the rates of children up-to-date on their immunizations

Long-term Indicators

Reduction in the rates of preventable childhood disease
Increase in the enrollment of MediCal/Healthy Families
Increase in the rate of pregnant women receiving first trimester prenatal care
Reduction in the number of low birthweight babies
Increase in the percent of women who breastfeed their babies
Decrease in the rate of unintentional injuries to children

POLICY AND ADVOCACY FOR CHILDREN AND FAMILY ISSUES

ACTION: The Mendocino County Children and Families First Commission will advocate for comprehensive child development and education policies that: promote safe and healthy environments; support integrated, family centered, health services; and provide quality child care opportunities for children, prenatal to five years old.

RESULT: Children will thrive in safe, healthy and nurturing environments and enter school eager and ready to learn.

Objectives

1. Increase countywide capacity to provide a wide range of services and support systems for parents and families with children, prenatal to age five regardless of geographic, cultural, linguistic, social or financial barriers.
2. Advocate for policies and procedures that enhance the well-being of children and improve the self-sufficiency of families.
3. Advocate for the affordability of quality child care for parents at all income levels such that child care costs do not exceed 15% of the sustainable wage, and child care services are provided without charge to families without a sustainable income.
4. Advocate for sustainable wages for all entry level child care providers, comparable salaries based on educational level, increased benefits, improved working conditions, and compensation for continuing education.
5. Advocate for policies that provide flexible employment arrangements for parents.
6. Advocate for increased funding levels for child care programs.

Strategies

- A. Advocate for one-stop shopping and outreach for child-related agencies and services.
- B. Leverage funds to maximize integration and coordination of services.
- C. Promote services that reflect geographic and cultural diversity.
- D. Promote collaboration among schools, child care workers, early childhood and family service providers, government, non-profit organizations, businesses, the faith community, parents, and other community members (e.g., to support expanded use of their facilities during non-traditional hours, or to establish co-location of services at family resource centers in easily accessible, user-friendly community sites, etc.).
- E. Educate grantees and other collaborative partners about strategies for effective integration of systems, such as reaching underserved populations with culturally competent services, and results-based accountability methods.
- F. Support programs that enhance or increase services without duplicating and/or supplanting existing resources.
- G. Engage the public in policy and decision making through ongoing public input and education in forums such as hearings, focus groups, surveys.
- H. Develop a consistent system for collecting, evaluating and reporting results for children prenatal-to-five years old in Mendocino County.
- I. Develop systems that improve family resource access and referral methods, such as implementing and/or enhancing multi-disciplinary teams.
- J. Support programs that are ethnically and culturally reflective of their communities.

- K. Conduct media outreach via print, radio, television, and internet, in English and Spanish, to educate the community about existing resources.
- L. Promote a comprehensive, family-friendly system that: consolidates local child care waiting/eligibility lists; includes child care providers, qualified substitutes, children who need child care; allows parents to access resources, determine eligibility for programs and subsidies, and apply where appropriate.
- M. Promote options or incentives for employers to provide child care resources (such as Section 125 Pretax Plan, on-site child care, etc.).
- N. Support funds for subsidized child care to ensure that costs do not exceed 15% of sustainable wage and that child care services are provided without charge to families without a sustainable income.
- O. Collaborate with the appropriate agencies to determine baseline data for salaries, retention and turnover rates, educational levels, benefits, working conditions, and continuing education for child care providers.

Short-term Indicators

Increase in the number of community-based family resource centers
Increase the in the number of policy initiatives that support children and families
in Mendocino County

Long-term Indicators

Increase in school attendance
Increase the number of families that are economically self-sufficient

Results Accountability

Each proposed *action* identified in the strategic plan has a corresponding *result*, or positive outcome, expected from implementing the action. Achieving these results will take time, but it is critical to set-up a comprehensive process by which the capacity to provide effective services and long-term child and family results will be measured.

Indicators, or measures by which the Commission may assess changes in the community, are presented as “short-term” and “long-term” in the strategic plan. Short-term indicators represent measures that evaluate progress – stepping stones – in anticipation of achieving the long-term result: improving the well-being of young children and their families.

Many of the short-term results should be accomplished in the next two to three years. Long-term indicators set the bar for the Commission to achieve the highest standard of programs and services possible. The Commission expects its partners, grantees and contractors to seek these results in their efforts to provide programs and services in the County.

The Commission will develop protocols for collecting, reporting, and disseminating data that correspond with the results accountability framework. All programs and providers receiving funds from the Commission will be required to participate in a results accountability plan. In this way, the Commission will be able to determine the effectiveness of programs, services and systems supported by Proposition 10 funds, and increase the capability of providers to evaluate their services.

The Commission will conduct annual review of the efficacy of its processes and programs and make adjustments to the strategic plan based on emergent information from the community.

Resource Allocation

Mendocino County's anticipated annual revenue from *Proposition 10* funds will be approximately \$1,025,000. The budget reflects the Commission's intent to maximize these resources and to allocate the greatest amount possible to directly support early childhood development programs and services in Mendocino County.

The Commission proposes to allocate funds to six geographically defined regions. It is anticipated that coalitions/associations of child serving organizations in each of the six regions may come together to submit a plan for the expenditure of their share of the regional allocation.

Each region will be required to maximize the services necessary to improve the health, support and development of children 0-5 and their families living in the area. Proposals will be required to demonstrate collaboration, building on existing resources, leveraging of funds, non-duplication/non-supplanting and building capacity. Technical assistance will be available to assist in developing the plans.

Anticipated Annual Budget

1. Regional Initiatives for Children and Families	\$ 700,000	68%
2. Policy Development and Advocacy	\$ 31,000	3%
3. Children's Endowment Fund	\$ 50,000	5%
4. Commission Initiative Fund	\$ 50,000	5%
5. Administrative Costs	\$ 144,000	14%
6. Program Implementation and Evaluation	\$ 50,000	5%
Total Anticipated Annual Budget	\$1,025,000	100%

1. Regional Initiatives for Children and Families: The Commission has defined the allocation of resources for programs and services on a regional basis. A base allocation of fifty thousand dollars has been “earmarked” for programs and services in each of the six regions that have been identified in the plan. For each region, there will be an additional allocation that is based upon the number of children in the target population (zero to five years old) residing in the region. These funds will be allocated as follows:

Region	Percent of 0 – 5 Population	Amount Based on Population	Base Amount	Total Allocation	% of Regional Budget
Inland North	19%	\$76,000	\$50,000	\$126,000	12.3%
Inland Northeast	3%	\$12,000	\$50,000	\$62,000	6%
Inland Central	51%	\$204,000	\$50,000	\$254,000	25%
Inland South	4%	\$16,000	\$50,000	\$66,000	6.2%
Coastal North	19%	\$76,000	\$50,000	\$126,000	12.3%
Coastal South	4%	\$16,000	\$50,000	\$66,000	6.2%
Total Allocation				\$700,000	68%

2. Policy Development and Advocacy for Children: These resources will provide support for strategies identified under the policy and advocacy objectives.

3. Children’s Endowment Fund: The Commission recognizes that the amount of funds generated by *Proposition 10* will diminish in time, based on the projection of decreased smoking rates in California. Therefore, a portion of funds will be allocated annually to a sustaining endowment that will build a continued revenue source, over time, to serve the ongoing needs of Mendocino County’s youngest children. These funds will be invested and managed to provide a sustainable resource for years to come.

4. Commission Initiative Fund: This fund will serve as a resource for special one-time projects that the Commission may identify or towards services/initiatives that will have a county-wide impact. This fund may be utilized to assist with larger infrastructure costs such as vans, buildings, or training.

5. Administrative: These funds are for staff and operational costs of the Commission.

6. Program Implementation and Evaluation: These funds will be used to develop a timely and coordinated system for data collection, review and dissemination of data that will assist the Commission to evaluate the rate of progress of toward the strategic results outlined in the plan. Measurement will include the effectiveness of individual programs and services and the processes within which the Commission and its grantees meet identified community needs. Evaluation expenditures will include purchase of software and other tools for data collection and the costs associated with assisting grantees to comply with evaluation standards set by the Commission.

“Rollover” Account

In addition to the annual revenue expected during the next fiscal year (July 1, 2000 to June 30, 2001), funds have accumulated in an interest bearing trust account since January, 1999. The amount in the accumulation account is approximately \$1,200,000. Based on this figure, these resources will be allocated in the following manner:

Establish Children's Endowment Fund	\$500,000
Establish Commission's Initiative Fund	\$500,000
Start-up Operational Fund	\$200,000